

Briefing

COVID-19 Vaccine Portfolio Update - January 2022

Date due to MO: 21 January 2022

Action required by: 25
January 2022

Security level: Commercially Sensitive

Health Report number: HR20220023

To:

Rt Hon Jacinda Ardern, Prime Minister
Hon Grant Robertson, Minister of Finance
Hon Chris Hipkins, Minister for COVID-19 Response
Hon Andrew Little, Minister of Health
Hon Nanaia Mahuta, Minister of Foreign Affairs
Hon Aupito William Sio, Minister for Pacific Peoples
Hon Dr Ayesha Verrall, Associate Minister of Health
Hon Peeni Henare, Associate Minister of Health

Contact for telephone discussion

Name	Position	Telephone
Maree Roberts	Deputy Director-General, System Strategy and Policy	s 9(2)(a)
Allison Bennett	Manager, System Enablers, Public Health System Policy	

Minister's office to complete:

Approved

Decline

Noted

Needs change

Seen

Overtaken by events

See Minister's Notes

Withdrawn

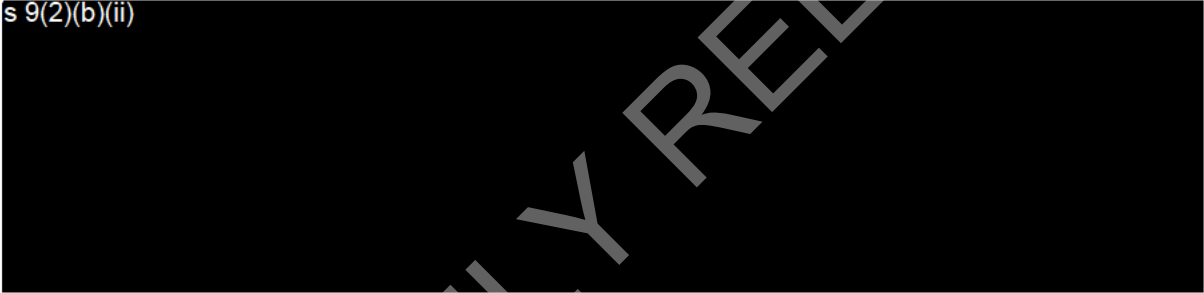

Comment:

COVID-19 Vaccine Portfolio Update - January 2022


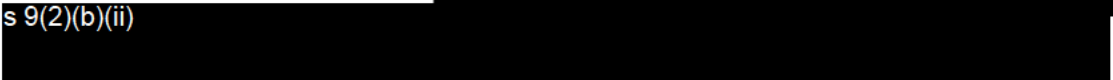
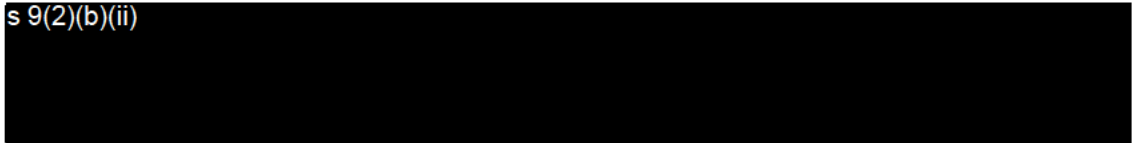
Security level: Commercially Sensitive **Date:** 21 January 2022

To: Rt Hon Jacinda Ardern, Prime Minister
Hon Grant Robertson, Minister of Finance
Hon Chris Hipkins, Minister for COVID-19 Response
Hon Andrew Little, Minister of Health
Hon Nanaia Mahuta, Minister of Foreign Affairs
Hon Aupito William Sio, Minister for Pacific Peoples
Hon Dr Ayesha Verrall, Associate Minister of Health
Hon Peeni Henare, Associate Minister of Health

Purpose of report

1.  s 9(2)(b)(ii)
2. This report also discusses  s 9(2)(b)(ii) and the strategy to ensure the vaccine portfolio can be maintained and updated to support future potential immunisation needs.

Key Points

1. To date the Programme has successfully been based primarily around Pfizer's vaccine, with a small amount of AstraZeneca's vaccine available as an alternative. 95% of eligible people (12 years and older) have now received at least one dose of COVID-19 vaccine, and 93% of eligible people in New Zealand are fully vaccinated.
2. However, the emergence of the omicron variant has led to global immunisation programmes, including in New Zealand, to rapidly implement booster programmes and shorten the interval between primary and booster doses to maintain high levels of protection.
3. Cabinet has agreed to reduce the interval of eligibility for booster vaccinations for adults from six months to four months.  s 9(2)(b)(ii)
 s 9(2)(b)(ii)
4.  s 9(2)(b)(ii)

5. s 9(2)(b)(ii)
6. Due to strong vaccine performance and evidence, it is proposed that New Zealand maintains a mRNA-based immunisation programme, s 9(2)(b)(ii) s 9(2)(b)(ii) to ensure New Zealand's future immunisation needs are met in 2022 and 2023.
7. In addition, maintaining access to a non-mRNA vaccine, such as Novavax's vaccine, in the vaccine portfolio also enables New Zealand to potentially deploy an alternative to respond to emerging evidence or other immunisation needs as they may occur.
8. Officials will continue to monitor and review the vaccine portfolio and engage with vaccine suppliers, to ensure New Zealand's immunisation needs can be fully supported.

Recommendations

- a) **Note** that New Zealand has purchased a portfolio of COVID-19 vaccines (manufactured by Pfizer, AstraZeneca, Novavax, and Janssen) and is currently implementing an immunisation programme primarily based around Pfizer's vaccine.
- b) **Note** that in response to the emergence of omicron, Cabinet has agreed to expedite the booster programme and reduce the interval between the second dose and the booster dose from six months to four months.

c) s 9(2)(b)(ii)

d)

e)

f)

- g) s 9(2)(b)(ii)
- h) **Agree**, due to strong vaccine performance and evidence, that New Zealand maintains a mRNA-based COVID-19 immunisation programme and progresses negotiations with Pfizer to access additional doses later in 2022 should fourth doses or updated versions of Pfizer's vaccine be required. **Yes/No**
- i) **Note** that to complement the mRNA-based programme and ensure our COVID-19 immunisation needs are met, officials will continue s 9(2)(b)(ii)
- j) **Agree** that officials should work with AstraZeneca to secure a further delivery of 10-20,000 doses of AstraZeneca's vaccine before the currently available doses expire on 2 April 2022, so as to ensure ongoing supply (particularly for those who had a primary course of AstraZeneca's vaccine). **Yes/No**
- k) **Note** that on 12 November 2021, Vaccine Ministers agreed that officials should work to secure access to Novavax's vaccine early in Q1 2022 to support ongoing improvements in uptake, particularly in individuals unwilling to receive Pfizer's mRNA vaccine, for potential future use as a booster.
- l) **Agree** to maintain access to Novavax's vaccine as New Zealand's primary non-mRNA option as part of the longer-term vaccine portfolio approach to manage potential future immunisation needs. **Yes/No**
- m) **Agree** that the Director-General sign the amendment to the agreement with Novavax s 9(2)(b)(ii)
- n) **Note** that officials continue to monitor and review opportunities to strengthen the portfolio as part of horizon scanning processes and will report back to Minister on changes to the portfolio. **Yes/No**

Rt Hon Jacinda Ardern

Prime Minister

...../...../.....

Hon Grant Robertson

Minister of Finance

...../...../.....

Hon Chris Hipkins

Minister for COVID-19 Response

...../...../.....

Hon Andrew Little

Minister of Health

...../...../.....

Hon Nanaia Mahuta

Minister of Foreign Affairs

...../...../.....

Hon Aupito William Sio

Minister for Pacific Peoples

...../...../.....

Hon Dr Ayesha Verrall

Associate Minister of Health

...../...../.....

Hon Peeni Henare

Associate Minister of Health

...../...../.....

Dr Ashley Bloomfield

Director-General of Health

21/1/22
...../...../.....

COVID-19 Vaccine Portfolio Update - January 2022

Background

Vaccine Portfolio

9. To date, COVID-19 vaccine purchasing decisions have been made under the COVID-19 Vaccine Strategy (Vaccine Strategy) agreed by Cabinet in May 2020. The objective of the Vaccine Strategy is to secure access to sufficient quantities of safe and effective COVID-19 vaccines, in order to implement a preferred immunisation programme at the earliest possible time [CAB-20-MIN-0229 refers].
10. Under the Vaccine Strategy, New Zealand has secured access to four different vaccines to support the COVID immunisation programme (manufactured by Pfizer, AstraZeneca, Janssen and Novavax).
11. The initial portfolio approach focused on securing multiple vaccine technologies to manage the risk of vaccine development or supply failure.
12. To date the COVID-19 Immunisation Programme (the Programme) has been based primarily around Pfizer's vaccine, with a small amount of AstraZeneca's vaccine available as an alternative. However, the portfolio continues to play a significant role in managing risk, and potentially increasing rates of overall vaccine uptake.

Immunisation Priorities

13. As part of the wider COVID-19 response to help manage the risk of COVID-19 to New Zealanders, the current priorities of the immunisation programme are to focus on:
 - a. continued improvements of vaccination uptake in the eligible population
 - b. paediatric primary courses for children aged 5-11 years
 - c. booster doses for adults 18 and older.
14. Continued uncertainty is anticipated as countries manage implementing national booster vaccine programmes while reducing global vaccine inequities. We note the World Health Organisations (WHO's) concern of inequity and access will continue as supply of preferred products remains constrained. Vaccine deliveries may continue to be in low and periodic quantities throughout 2022.

There is a risk of a supply gap under the current approach

15. New Zealand has run a successful vaccination campaign to date, with 95% of eligible people (12 years and older) receiving at least one dose of COVID-19 vaccine, and 93% of eligible people fully vaccinated.
16. However, the emergence of the omicron variant has led to global immunisation programmes, including in New Zealand, to rapidly implement booster programmes and shorten the interval between primary and booster doses to maintain high levels of protection.
17. In response to the omicron variant, Cabinet has agreed to reduce the interval of eligibility for booster vaccinations for adults to four months. s 9(2)(b)(ii)

s 9(2)(b)(ii)

18.

s 9(2)(b)(ii)

s 9(2)(b)(ii)

19.

s 9(2)(b)(ii)

s 9(2)(b)(ii)

20. As of 19 January 2022, 696,000 doses of Pfizer's paediatric vaccine have arrived in New Zealand, with a total of 1.254 million to arrive before the end of s 9(2)(b)(ii). This amount, and the timing of these deliveries, is sufficient to vaccinate every 5-11 year old with two doses, including children that turn five in 2022. The delivery schedule has been designed with Pfizer to take into account shelf life and ensure that we have doses available throughout the year as children age in to the eligible population.

New Zealand is committed to supporting the Pacific to access COVID-19 vaccines

21. In August 2021, Cabinet agreed that New Zealand would continue to support Polynesian countries to access sufficient vaccines to meet their COVID-19 immunisation needs in 2022 [CAB-21-MIN-0350 refers].
22. There are also sufficient doses of Pfizer's paediatric vaccine to donate to the six countries of Polynesia (Cook Islands, Niue, Tokelau, Samoa, Tonga, and Tuvalu) to vaccinate their 5-11 year old populations (estimated at 65-75,000 doses).
23. Officials will revert to Ministers with further advice on the expected scope and scale of immunisation needs in Polynesia this year, and further support New Zealand might provide. This may have implications for any additional dose volumes we seek to purchase this year, subject to Ministerial agreement.

There are two broad strategies to manage the potential supply gap

24.

s 9(2)(b)(ii)

s 9(2)(b)(ii)

25.

s 9(2)(b)(ii)

26. s 9(2)(b)(ii)

27.

28.

29.

30.

31.

PROACTIVELY RELEASED

s 9(2)(b)(ii)

32.

s 9(2)(b)(ii)

33.

34.

35.

s 9(2)(b)(ii)

36.

s 9(2)(b)(ii)

of

37.

Access to additional vaccines may also have additional benefits to our Immunisation Programme, such as increased uptake, including in people that are yet to receive their primary course of vaccinations. Pending emerging evidence and CV-TAG advice, heterologous booster vaccinations may also offer additional protection to the population through improved immune responses. Most jurisdictions are using a number of vaccines in their programmes.

s 9(2)(b)(ii)

s 9(2)(b)(ii)

38.

39.

40. Prior to any Decision to Use an additional vaccine from the wider portfolio, COVID-19 Technical Advisory Group (CV-TAG) advice would be provided around the suitability of non-Pfizer vaccines as a booster and/or to support the overall Immunisation Programme, and further advice would be provided on the operational requirements for the Programme.

41. We continue progress to facilitate access to alternative vaccines, as outlined in further detail below, and to obtain further advice from CV-TAG on the use of other vaccines in the portfolio.

s 9(2)(b)(ii)

42. s 9(2)(b)(ii)

43.

44.

45.

46.

s 9(2)(b)(ii)

47.

Janssen's vaccine is being stored as a contingency

48. Vaccine Ministers previously agreed [HR20212485 refers] to take delivery of 500,000 doses of Janssen's vaccine and donate the remaining 1.5 million doses. s 9(2)(b)(ii) These doses will be stored at -20°C, which means they do not expire until late 2023).

49. As agreed by Vaccine Ministers, Janssen's vaccine is to be held as a contingency to mitigate risks to the portfolio. No further action is recommended at this stage. Advice has been received by CV-TAG, s 9(2)(b)(ii)

50. Medsafe is currently reviewing Janssen's application for its vaccine to be used both as a homologous booster, and as a booster for people that have received an mRNA primary course. A regulatory decision is expected in the next few weeks.

51. Of the remaining 1.5 million doses donated to the COVAX Facility, 864,000 doses have been allocated to Vanuatu, the Solomon Islands, Papua New Guinea, Cameroon, Malawi, and South Sudan. COVAX is currently allocating the remaining doses to other developing countries.

AstraZeneca's vaccine should be maintained as low-use alternative

52. Following agreement from Cabinet [CAB-21-MIN-0460 refers], 100,000 doses of AstraZeneca's vaccine was imported from Australia under our advance purchase agreement (APA) as an alternative option to the Pfizer vaccine.

53. Population uptake has not been high (5,666 doses have been administered as of 19 Jan 2022, with 1,311 future bookings), however, this has been an important option for those New Zealanders who have chosen AstraZeneca's vaccine, particularly those impacted by Vaccination Orders.

54. The currently available doses of AstraZeneca's vaccine expire on 2 April 2022. Due to this, **we recommend securing further delivery of a small amount of AstraZeneca doses before the end of March.** We expect the delivery to be between 10-20,000 doses to ensure ongoing supply for those people outlined above who may still be seeking a second primary dose or potentially a booster dose.

55. AstraZeneca expects to apply to Medsafe in the coming weeks to approve the use of its vaccine as a booster (both for those who have received AstraZeneca primary courses, and those who have received Pfizer primary courses). We note a further 1.0 million doses are still available under the current agreement, after Minister's have agreed to donate 6.5 million doses of the 7.6 million doses secured under the APA to the COVAX Facility for global allocation.

Novavax's vaccine is a potential alternative s 9(2)(b)(ii) and improve uptake

56. Novavax's vaccine is currently under Medsafe review. The outcome of its application is expected in the coming weeks after it was recently granted a WHO Emergency Use

Listing and has been approved in a number of jurisdictions such as the European Union, Australia, and South Korea.

57. Novavax's vaccine has shown promising results in clinical trials and Novavax expects to submit further data to support its use as both a homologous and heterologous booster vaccine before the end of Q1 2022.

58. Access to a non-mRNA vaccine such as the Novavax's vaccine could further improve uptake of primary vaccine courses and safeguard against potential future immunisation needs and vaccine supply risks.

59. Vaccine Ministers previously agreed on 12 November 2021 that officials should seek to [REDACTED] as a way to support ongoing improvements in uptake, particularly in individuals unwilling to receive Pfizer's mRNA vaccine, for potential future use as a booster.

60. [REDACTED]
[REDACTED] The delivery of these doses would remain subject to Medsafe approval.

61. [REDACTED]

62. Australia's medicines regulator has recently (20 August 2022) provisionally approved Novavax's vaccine for use in over 18s. [REDACTED]
[REDACTED]

63. We propose that New Zealand should maintain access to Novavax's vaccine as a non-mRNA option as part of the longer-term vaccine portfolio to manage potential future immunisation needs.

64. [REDACTED]
65. [REDACTED]
66. [REDACTED]

67. Any Decision to Use Novavax's vaccine would be subject to Medsafe approval and would be supported by advice from the CV-TAG.

68. [REDACTED]

These opportunities also have implications for the future of the portfolio

69. Beyond the short-term priorities of booster doses for the eligible population (18+) and primary courses for children (5-11s), the programme will need to continue to respond to further evolutions in the COVID-19 context.
70. The vaccine portfolio will need enough vaccine supply to maintain population coverage and respond to future potential vaccine needs in 2022. These changes could include:
- the introduction of booster programmes for adolescent (12-17) and paediatric (5-11s) age groups
 - new paediatric vaccines for younger children (under 5 years)
 - the introduction of updated variant vaccines or new vaccine technology.
 - potential additional booster vaccines, dependant on COVID-19 variants, and the impact on existing vaccine responsiveness.
71. A small number of jurisdictions have commenced fourth dose booster shots in select population groups, while a majority are monitoring the effectiveness of a booster before further action. Officials will continue to monitor and report back as data emerges from overseas.
72. The use of an mRNA vaccine as our primary vaccine has supported the success of our Immunisation Programme to date. Due to strong evidence around the safety and efficacy, as well as the reliability of manufacturing and supply of mRNA vaccines, it is proposed that New Zealand maintains a primarily mRNA-based immunisation programme.
73. To enable this, officials recommend progressing negotiations **s 9(2)(b)(ii)** **s 9(2)(b)(ii)** to ensure New Zealand's future immunisation needs can be met in 2022 and 2023.
s 9(2)(b)(ii)
74. **s 9(2)(b)(ii)**
75. **s 9(2)(b)(ii)**
76. **s 9(2)(b)(ii)**
77. **s 9(2)(b)(ii)**
78. **s 9(2)(b)(ii)**
s 9(2)(b)(ii) Further advice will be provided to Vaccine Ministers on this in due course.

The vaccine portfolio remains relevant but will need to adapt to the changing context

79. The vaccine portfolio was originally developed to incorporate a number of vaccine technology platforms to manage the risk of development failure. The evidence available as of early 2022 supports New Zealand maintaining a primarily mRNA-based immunisation programme.
80. However, with the ongoing uncertainty around future immunisation needs and potential risks to supply, the vaccine portfolio remains crucial and officials propose maintaining access to a single non-mRNA vaccine as part of the longer-term vaccine portfolio to manage potential future immunisation needs.

81. The maintenance of Novavax's protein subunit vaccine s 9(2)(b)(ii) s 9(2)(b)(ii) reflects this current context. s 9(2)(b)(ii) s 9(2)(b)(ii)

82. Officials will provide further advice s 9(2)(b)(ii) s 9(2)(b)(ii)

Our agreement with Novavax ensures population coverage with at least one non-mRNA vaccine

83. New Zealand has access to 10.72 million doses of Novavax's vaccine under our APA, with s 9(2)(b)(ii) Subject to Medsafe approval and clinical advice, Novavax may be a suitable alternative option to utilise, and could potentially supersede or supplement the use of AstraZeneca's vaccine for those unable or unwilling to be vaccinated with Pfizer's vaccine.

84. s 9(2)(b)(ii)

85. s 9(2)(b)(ii) to support all potential future needs of the Immunisation Programme, officials recommend maintaining access to Novavax's vaccine in the portfolio.

86. As noted, further advice will be provided regarding any potential Decision to Use, following a regulatory decision by Medsafe, and clinical advice from the CV-TAG.

The role of AstraZeneca and Janssen's vaccines in the portfolio is diminishing

87. One million doses of AstraZeneca's vaccine are still available under our APA, and 500,000 doses of Janssen's vaccine will be available as a contingency s 9(2)(b)(ii)

88. While Janssen's vaccine will be stored and available until it expires in late 2023, how New Zealand may continue to access AstraZeneca's vaccine is less clear. s 9(2)(b)(ii) s 9(2)(b)(ii) however there may be difficulties accessing additional doses beyond the first half of 2022 as some avenues of manufacturing begin to wind down (such as manufacturing at Australia's CSL plant).

89. Neither of these vaccines will be available in large enough quantities to be used for population coverage, and are unlikely to be used for anything other than vaccinating a small group of the population or through further donation. The status of AstraZeneca and Janssen's vaccines reinforces the recommendation to maintain access to Novavax's vaccine through the portfolio.

90. Further advice will be provided at a later date following clinical advice from CV-TAG and dependent on how the vaccine portfolio is utilised s 9(2)(b)(ii)

The vaccine portfolio will continue to be updated

91. Officials continue to monitor progress and opportunities to strengthen the portfolio as part of horizon scanning processes.
92. As part of negotiations and any work relating to future purchasing, the longer-term needs of the portfolio are being considered, s 9(2)(b)(ii) The Ministry also engages in discussions with potential vaccine manufacturers and other jurisdictions to enable us to make any future decisions to improve the portfolio.

COVAX 2.0

93. Following your decision on the direction of the COVID-19 vaccine portfolio, officials will revert back with advice on options for our participation in the COVAX Facility as a self-financing member in 2022.

Financial Implications

94. s 9(2)(b)(ii)
95. On 30 August 2021, Cabinet agreed to an additional \$500 million to the tagged contingency "Minimising the health impacts of COVID-19 – Tagged Operating Contingency" to enable the purchase of additional mRNA or effective vaccines [CAB-21-MIN-0350 refers].
96. s 9(2)(b)(ii)
- 97.

Equity

98. Ongoing access to COVID-19 vaccines is essential to enable maximum protection for our population, particularly in the context of omicron and the evolving thread of COVID-19.
99. Māori and Pacific populations have been most affected by COVID-19 in the community to date, making up a disproportionate percentage of cases and hospitalisations and have a lower uptake of the COVID-19 vaccine.
100. Ensuring there are safe and effective COVID-19 vaccines which are accessible in sufficient volumes enables the programme to continue, without delay and protect the most vulnerable groups at risk of harm from COVID-19.
101. On 22 December 2021, the WHO issued an interim statement on booster doses for COVID-19 vaccination, expressing concern that mass booster programmes in countries that can afford them will exacerbate vaccine inequity, and may prolong the pandemic by allowing the virus to circulate and potentially mutate in unvaccinated populations.

102. To date New Zealand has agreed to donate 9,923,140 doses of COVID-19 vaccine (1,204,770 doses have already been delivered to recipient countries) from its vaccine portfolio to support global efforts to ensure equitable vaccine access.
103. In addition to the donations of vaccines, New Zealand has actively supported immunisation roll-outs in Polynesia, contributed financially to Gavi and the Coalition for Epidemic Preparedness and Innovation, and advocated for trade facilitation and removal of export controls of COVID-19 vaccines in the World Trade Organisation and the Asia-Pacific Economic Corporation.

Next steps

104. s 9(2)(b)(ii)
105. s 9(2)(b)(ii)
s 9(2)(b)(ii) to support any future decisions to use including:
- ensuring a small supply of AstraZeneca's vaccine is maintained to provide further doses for those who have received a primary dose or course of the vaccine
 - taking receipt of Janssen's vaccine s 9(2)(b)(ii) to store as a contingency
 - s 9(2)(b)(ii) to maintain access to Novavax's vaccines within the portfolio and potential enable access to up to a million doses in Q1 2022 should we decide to use them
106. Noting the approach to maintaining a primarily mRNA-based Immunisation Programme, officials will:
- s 9(2)(b)(ii)
 -
107. CV-TAG advice will be sought regarding the suitability of non-Pfizer vaccines in our wider portfolio for utilisation within the Programme.
108. s 9(2)(b)(ii)
109. Officials will continue to monitor progress and opportunities to strengthen the portfolio (including through the COVAX Facility) as part of horizon scanning processes and s 9(2)(b)(ii)

ENDS.